

Work Order ID 104943

July-23-13 12:57:20 PM

104943

Page 1

Item ID: 646.9710

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Body

Start Date: 7/23/13

Start Qty: 8.00

8

Cust Item ID:

Required Date: 7/23/13

Req'd Qty: 8.00

8

Customer:

Reference:

Run Start

NR1

Approvals: Process Plan: MLJ

Date: 13-07-25 Tooling:

Date:

Stop

NR2

QC:

Date: SPC (Y/N):

Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
646.9700	REV B								
100	BAND SAW	0.00							
100	Memo	0.00							
Bandsaw	Cut Blank at 7.425"								
Jeaspa Bandsaw									

MH 13/07/13 18

110	HAAS CNC VERTICAL MACHINING #1	0.00							
110	Memo	0.00							
HAAS I	1-Machine per folio FB130								
HAAS CNC vertical machine #1	DWG'REV: B								
	FOLIO REV: 44								
	2-deburr and break all sharp edges								

13/08/05 18 φ

DAS
08
9-09

B-a 13/08/06

NCR: Yes / No

DQA: Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 104943

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Page 2

Item ID: 646.9710

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Body

Stop

NS2

Start Date: 7/23/13

Start Qty: 8.00

8

Cust Item ID:

Required Date: 7/23/13

Req'd Qty: 8.00

8

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

CK 13/08/05

18 ♂

120

QC

Quality Control

130

QC8- Inspect parts - second check

0.00

18 SL13-8-8

130

QC

Quality Control

131

131

HandFinish

Hand Finishing

0.00

0.00

N/A R

CK 13/08/14

see e-mail attached

Memo
Clean & remove markings (acid etch only)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>		
NCR No. _____	Work Order Update <input type="checkbox"/>						

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced
Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure
Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld
Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled
Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved	
Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	
Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other
Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset		
Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration		
Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence		
Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions		

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other	

Work Order ID 104943

104943

Page 4

July-23-13 12:57:21 PM

Item ID: 646.9710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Body

Start Date: 7/23/13 Start Qty: 8.00

8

Cust Item ID:

Required Date: 7/23/13 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

180

Identify as per dwg & Stock Location: MF

0.00

180

Packaging

Memo

0.00

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

180

SP

13-08-30

190

QC21- Final Inspection - Work Order Release

0.00

190

QC

Memo

0.00

Quality Control

13/9/30

MLJ 13-08-30

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
				Use-as-is <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
Part No. _____				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
NCR No. _____				Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>		Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>		Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>		Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>		Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>		Part Moved <input type="checkbox"/>				
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>		Positioned Wrong <input type="checkbox"/>				
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>		Power Loss/Surge <input type="checkbox"/>				
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		<input type="checkbox"/> Other				
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

Picklist Print

July-23-13 12:57:20 PM

Page 1

Work Order ID: 104943

Parent Item: 646.9710

Parent Item Name: Body

Start Date: 7/23/13

Required Date: 7/23/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A NEW ISSUE 12/10/04 JFS VERIFY BY: DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B5.000X1.000		Purchased	No			100	f	27.3300	0.62	5.2210528			
7075-T6 BAR 5.000" X 1.000"													

Location	Loc Qty	Loc Code
MAT008	27.33	
- 125554	7.25	
MI25997	20.08	

11.69 MH 13/07/13

DQA: _____ Date: _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

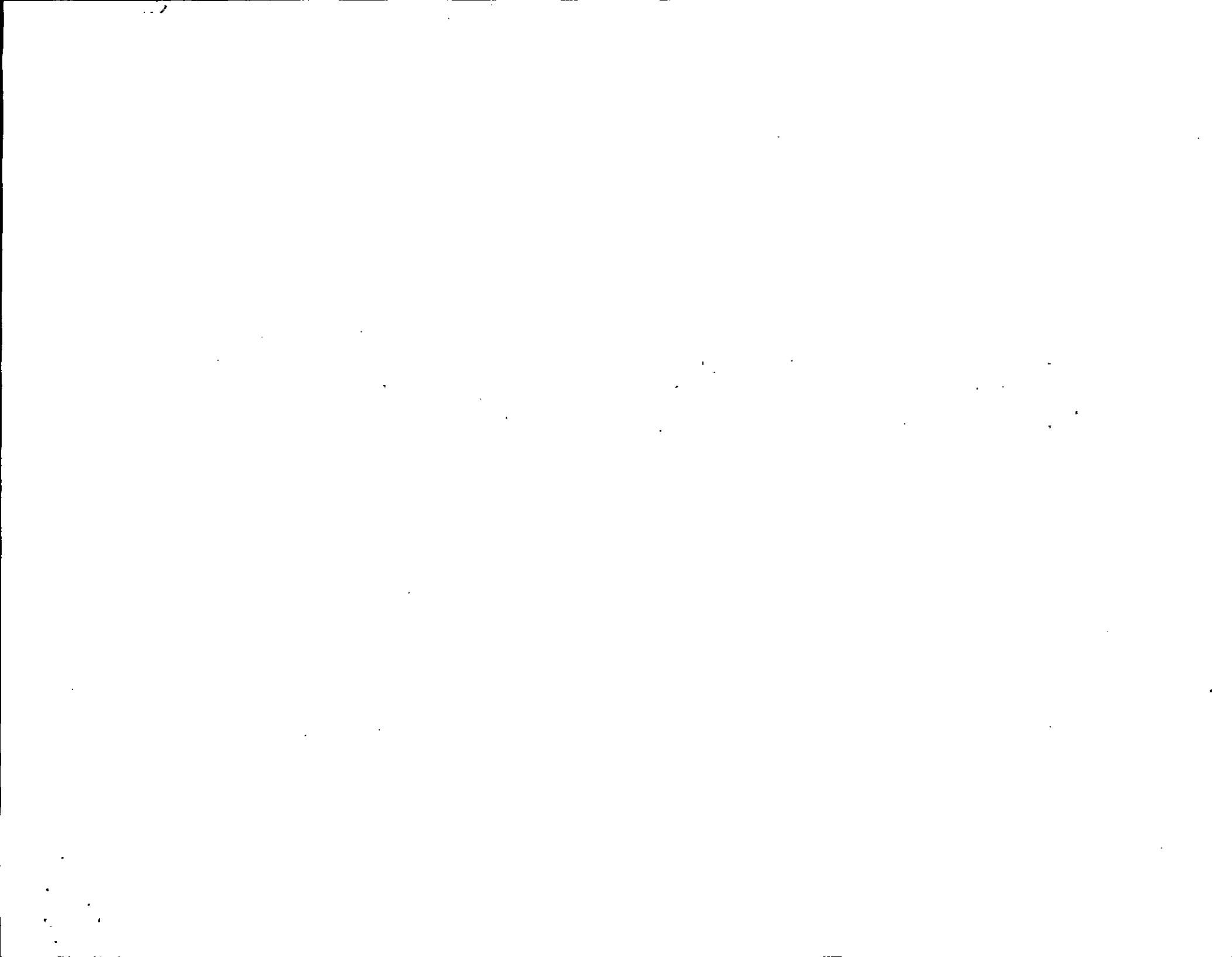
QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

DART AEROSPACE LTD	Work Order:	104943
Description: Body	Part Number:	646.9710
Inspection Dwg: 646.9700 Rev: B		Page 1 of 2

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.13 x 45°	+/-0.010 x 0.5°	.135 X 45°	—		Vern	ML-06
1.500	+/-0.005	1.500	—		"	
0.350	+0.005/-0.000	.352	—		"	
0.10 x 45°	+/-0.010 x 0.5°	.102 X 45°	—		"	
0.875	+/-0.005	.879	—		Nick	ML-01
0.700	+/-0.005	.700	—		Vern	ML-06
5.500	+/-0.005	5.500	—		"	
0.660	+/-0.005	.660	—		"	
0.660	+/-0.005	.660	—		"	
0.278	+/-0.002	.278	—		H-G	31004
0.339	+/-0.002	.339	—		"	
0.352	+/-0.002	.352	—		"	
0.372	+/-0.002	.372	—		"	
1.067	+/-0.002	1.067	—		"	
2.608	+/-0.002	2.608	—		"	
2.750	+/-0.002	2.750	—		"	
2.892	+/-0.002	2.892	—		"	
3.348	+/-0.002	3.348	—		"	
3.597	+/-0.002	3.597	—		"	
3.847	+/-0.002	3.846	—		"	
0.351	+/-0.002	.352	—		"	
0.544	+/-0.002	.546	—		"	
2.195	+/-0.002	2.195	—		"	
2.304	+/-0.002	2.304	—		"	
2.451	+/-0.002	2.451	—		"	
2.639	+/-0.002	2.639	—		"	
3.395	+/-0.002	3.395	—		"	
3.495	+/-0.002	3.495	—		"	
4.551	+/-0.002	4.551	—		"	
4.595	+/-0.002	4.596	—		"	
4.687	+/-0.002	4.687	—		"	
4.734	+/-0.002	4.735	—		"	
6.651	+/-0.002	6.651	—		"	



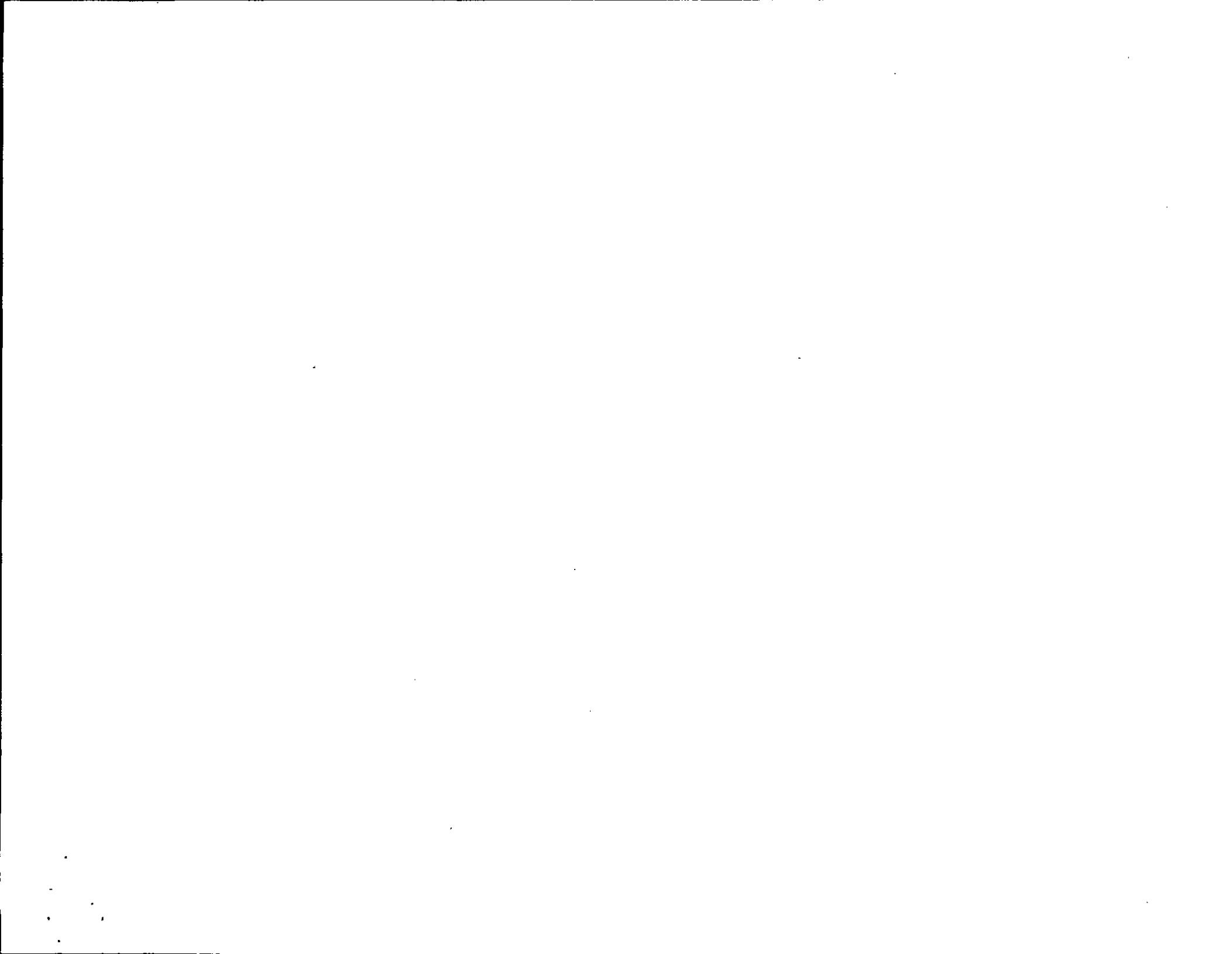
DART AEROSPACE LTD	Work Order:	104943
Description: Body	Part Number:	646.9710
Inspection Dwg: 646.9700 Rev: B		Page 2 of 2

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.201	+0.005/-0.001	Ø0.201	✓		Vern	ML-06
Ø0.177	+0.005/-0.001	Ø.177	—		"	"
7.026	+/-0.005	7.027	—		H-L	31006
4.245	+/-0.005	4.243	—		"	"

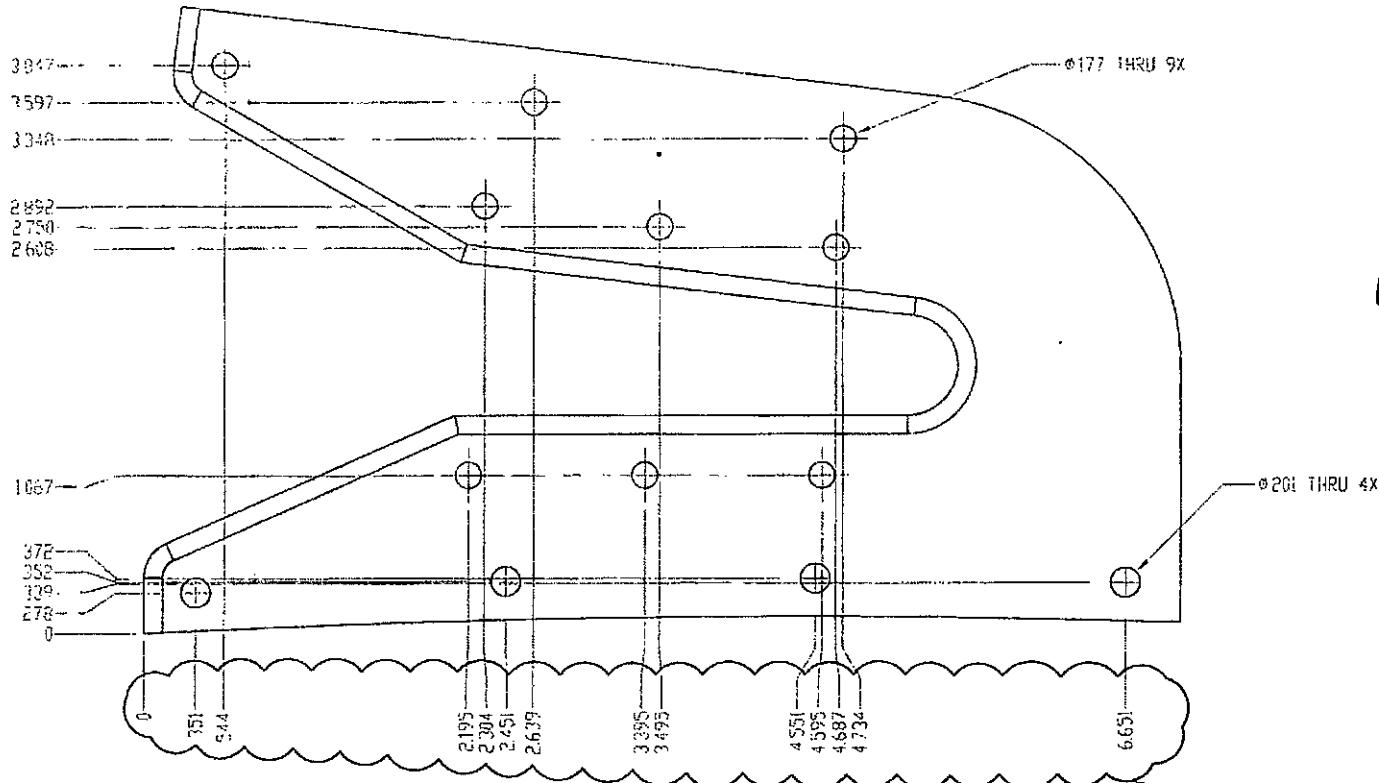
Measured by:	<i>[Signature]</i>	Audited by:	<i>[Signature]</i>	Preliminary Approval:	
Date:	13/08/05	Date:	13-8-8	Date:	

Rev	Date	Change	Revised by	Approved
A	13.06.03	New Issue	KJ	<i>[Signature]</i>
B	13.07.18	Dwg Rev updated	KJ	<i>[Signature]</i>



APICAL
INDUSTRIES, INC.

EW	442	NE	1000	SW	511
DWG NO. 646.9700		REV: A	PREPARED BY: J. BECKER	DATE: 11/03/13	
EFFECTIVE DWG <input checked="" type="checkbox"/> INC. <input type="checkbox"/> UNINC.					
DWG TITLE: CUTTER SUB ASSY					
APPROVED BY:	ENGR: <i>[Signature]</i>	MFG: <i>[Signature]</i>	QC: <i>[Signature]</i>	EFF:	CURRENT ORDER
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED DIMENSIONS. ADDED INSPECTION DIMENSIONS.			



SHEET 4, ZONE D5:

WAS

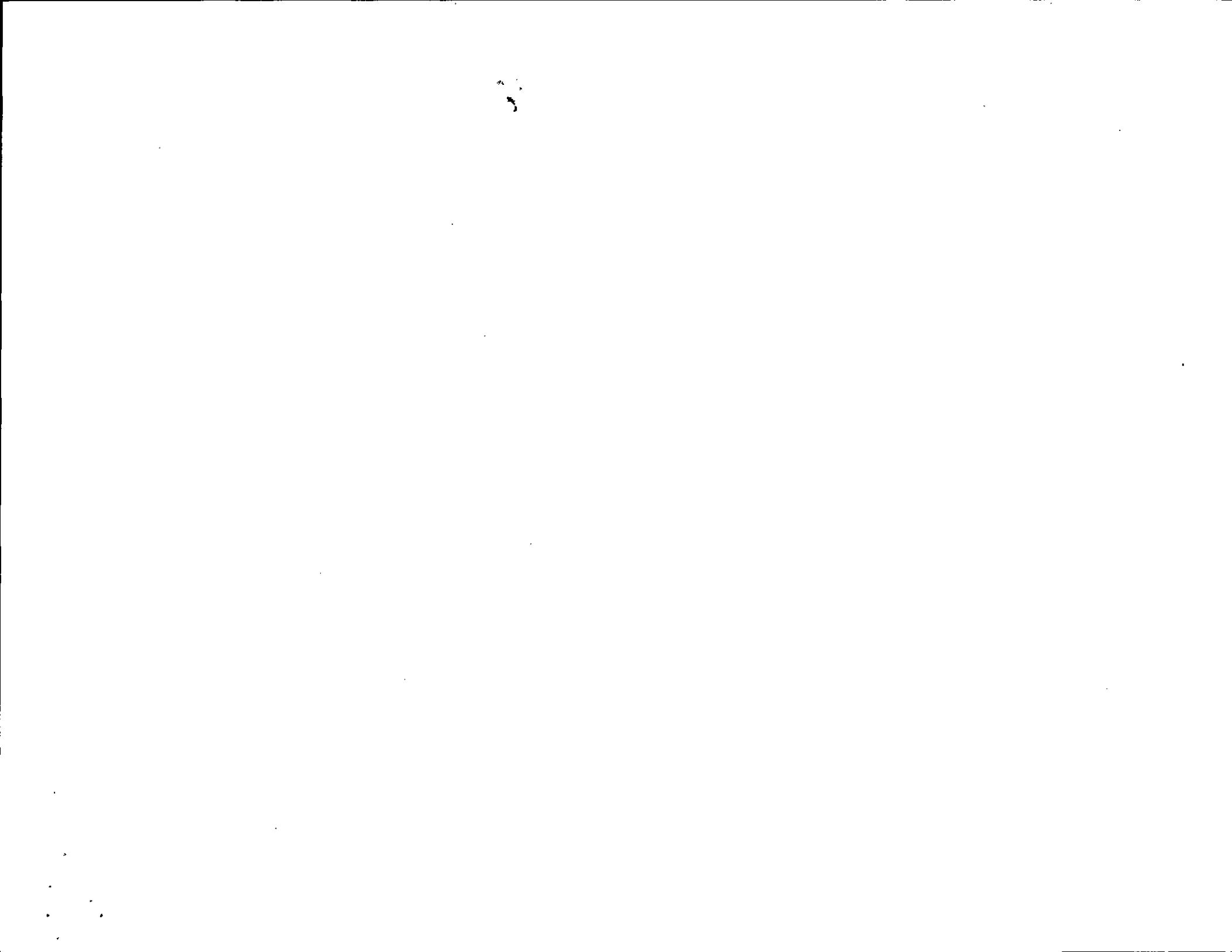
DOCUMENTS EFFECTED:

MDL INSTALL INSTRUC

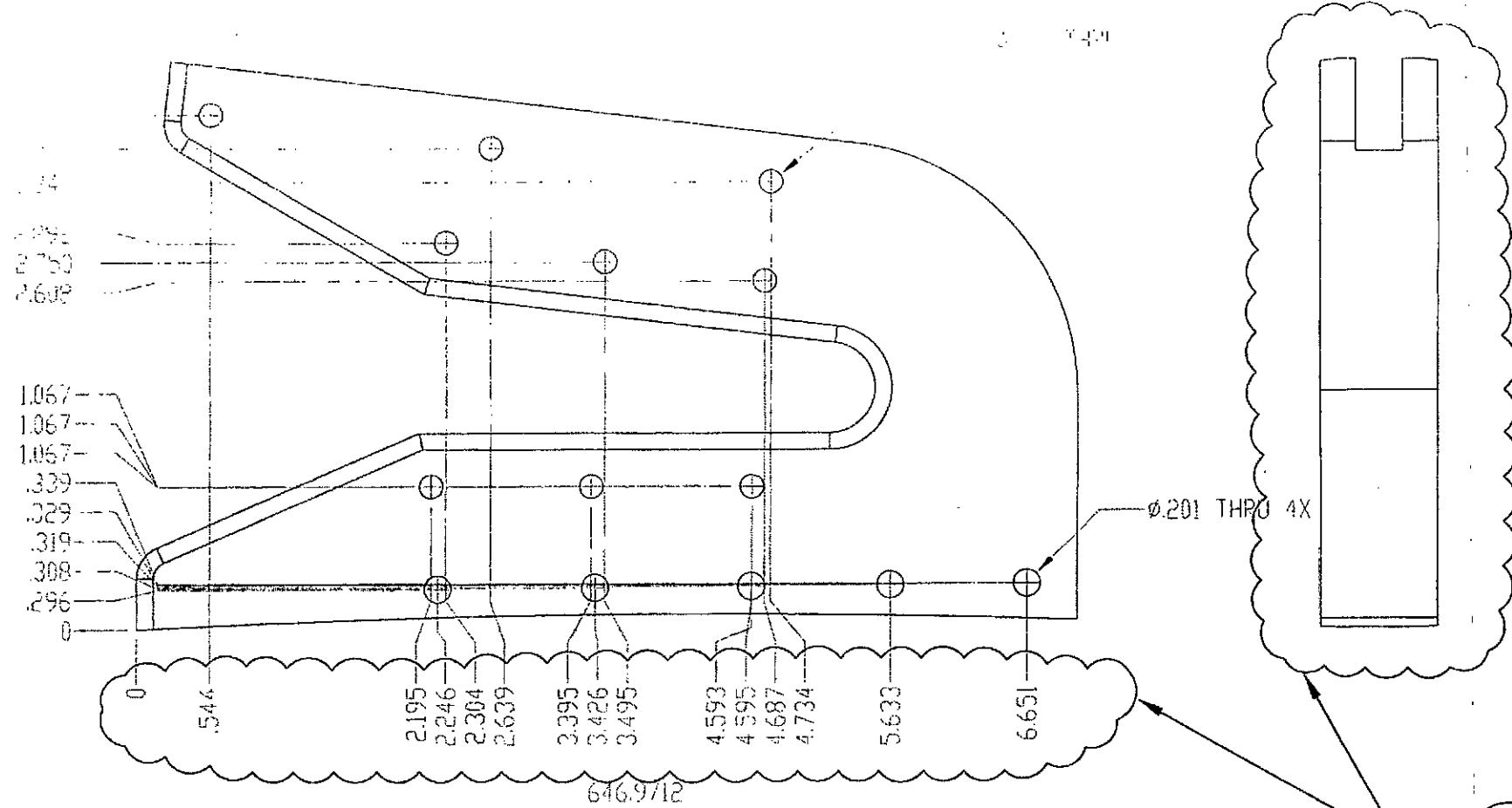
ICA BOM

CHANGE CATEGORY
 MAJOR MINOR

DER REVIEW REQUIRED
 YES NO



104943

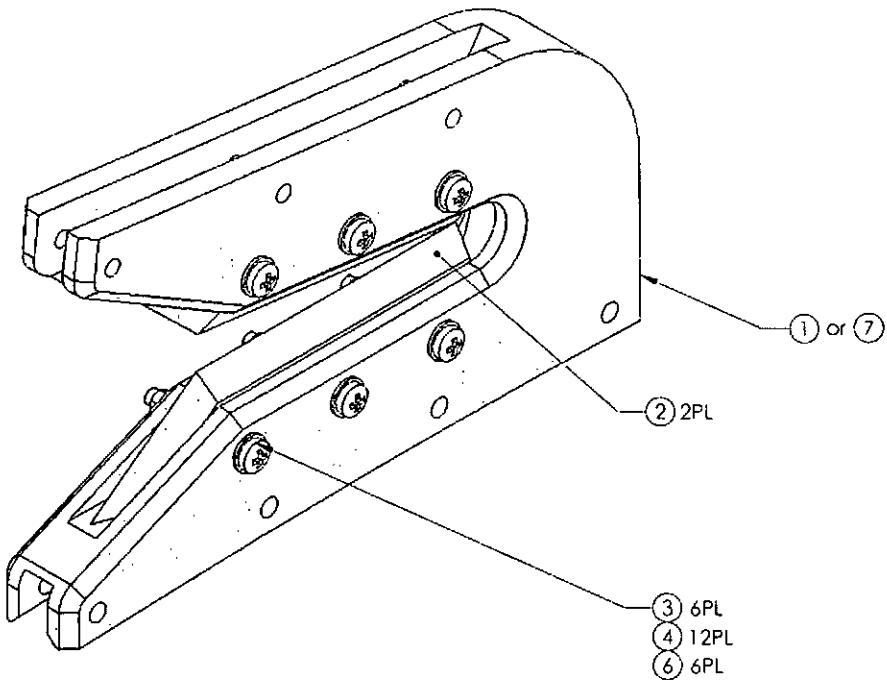


SHEET 6, ZONE B6, C4:

WAS



104943



646.9701
or
646.9702

- 1 MATERIAL: ALUMINUM 7075-T6 1/8" X 1/2" X 1/2" A 250/12

2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE #
CLASS 2, COLOR BLACK;
FRETRAT PRC DESOTO PR-148 ADHESION PROMOTER;
PRIME IAW MIL-P 2337J TYPE I CLASS N; 1-2 MIL MAX

3 MATERIAL: AISI A2 TOOL STEEL
CONDITION: ANNEALED
POST PROCESS: HEAT TREAT TO 58-62 RC ROCKWELL HARDNESS

4 FINISH: PRIME IAW MIL-P-2337J TYPE I CLASS N; 1-2 MIL MAX

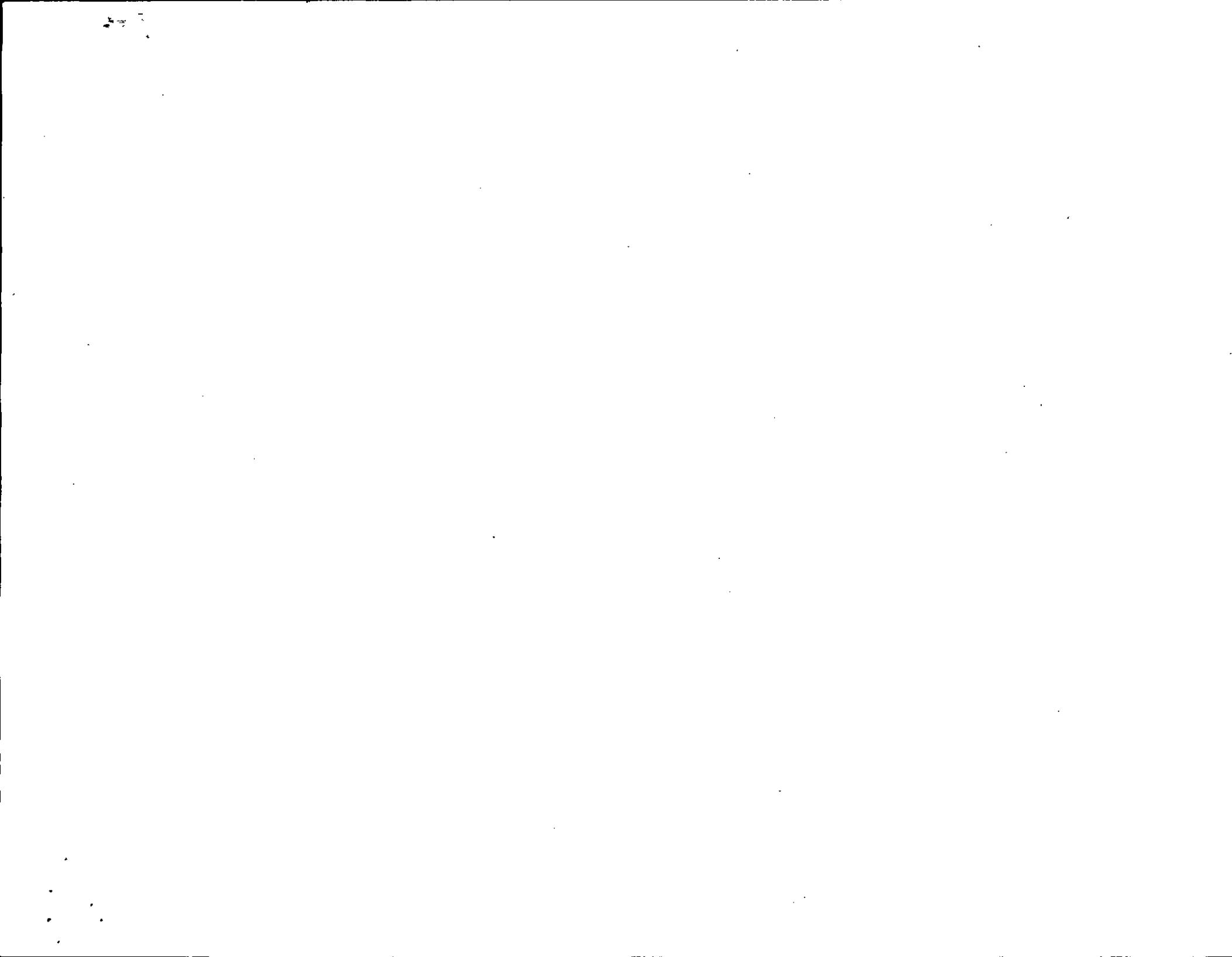
5. DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED

6. IDENTIFY IAW MPP-120

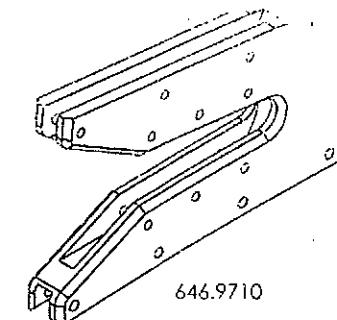
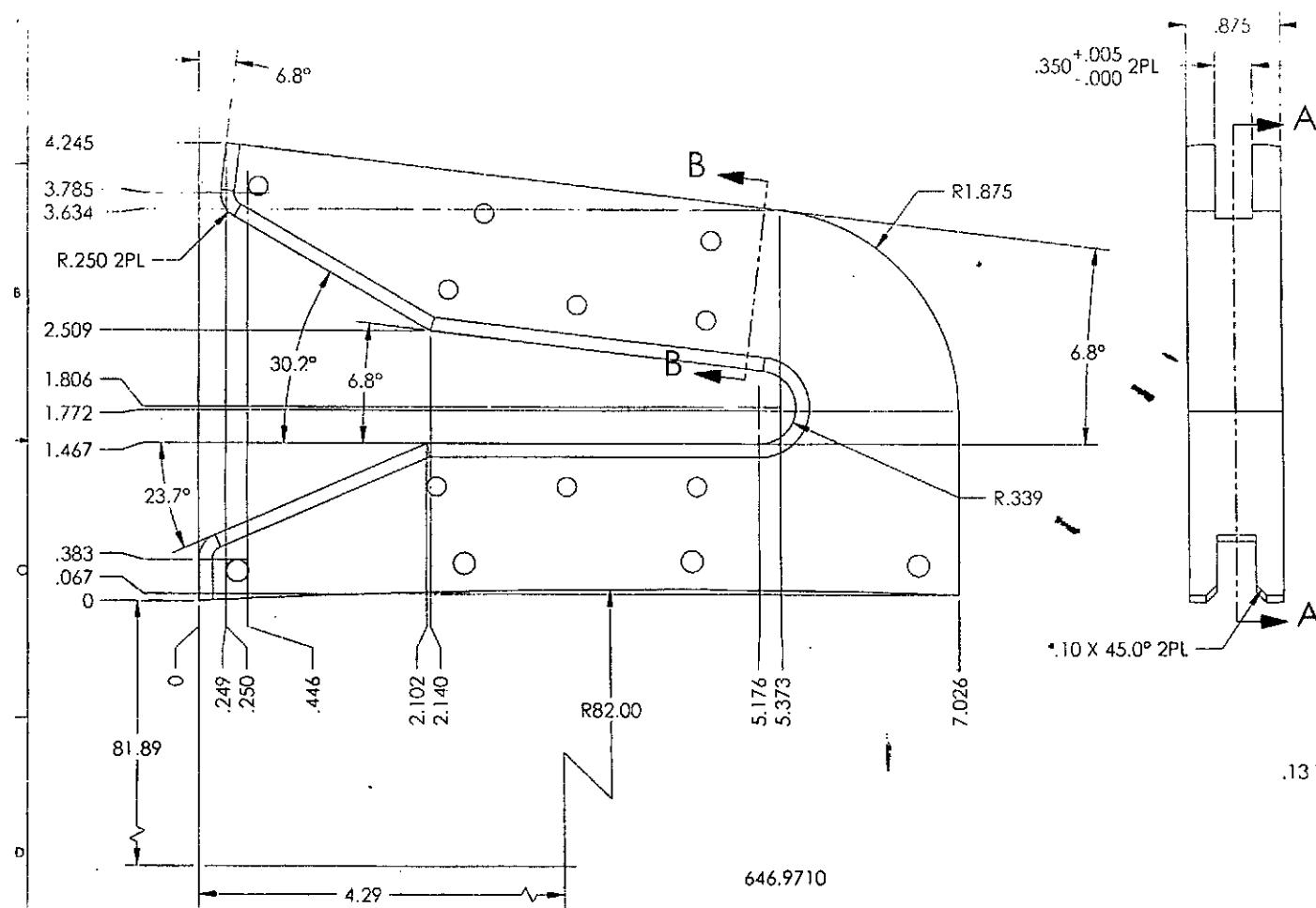
7. APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 2 UPON ASSEMBLY

8. CUTTING EDGE INTENDED TO BE SHARP, DO NOT BREAK SHARP EDGE

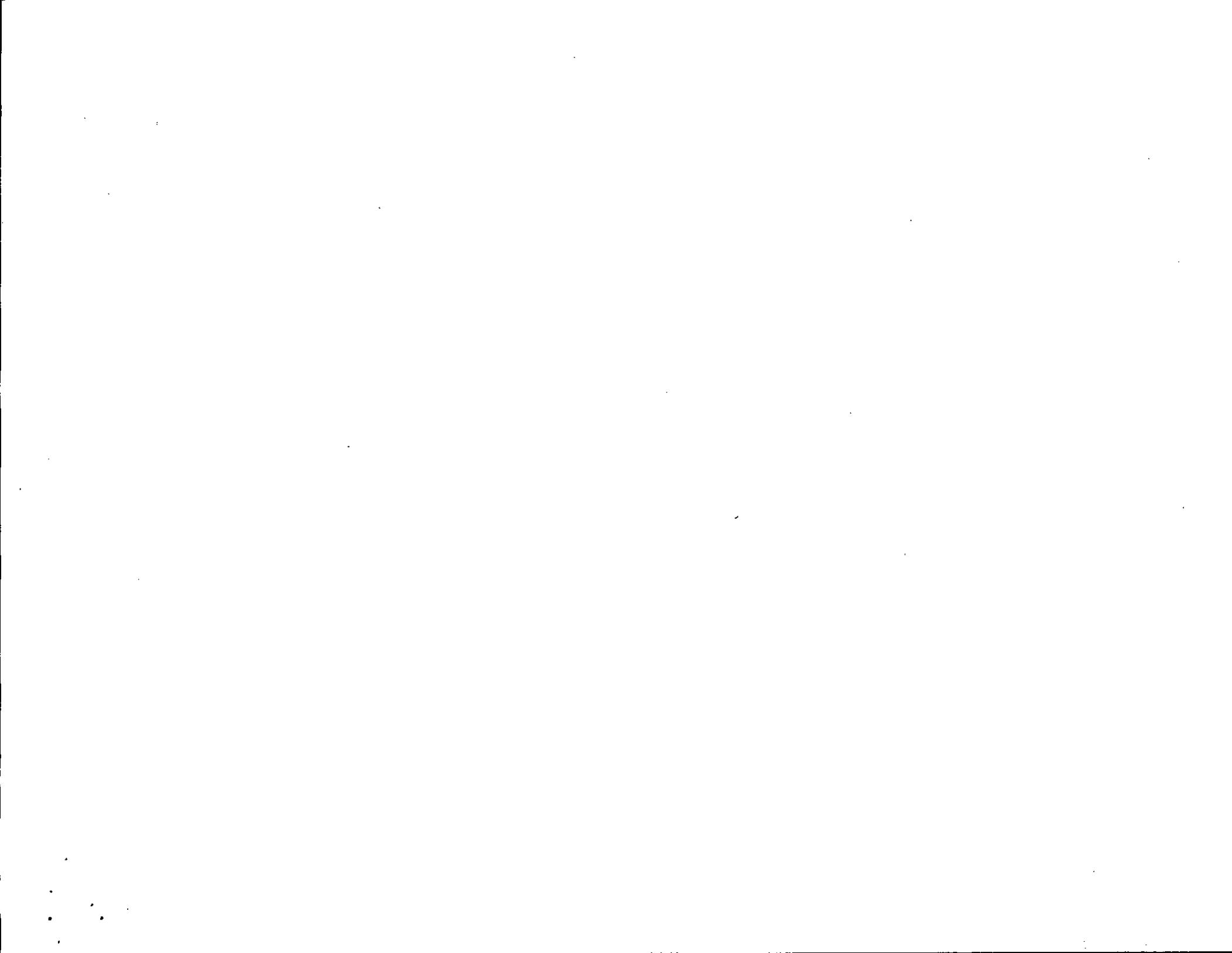
9. ALL DIMENSIONS NOT SPECIFIED ARE CONTROLLED BY 646.9710.



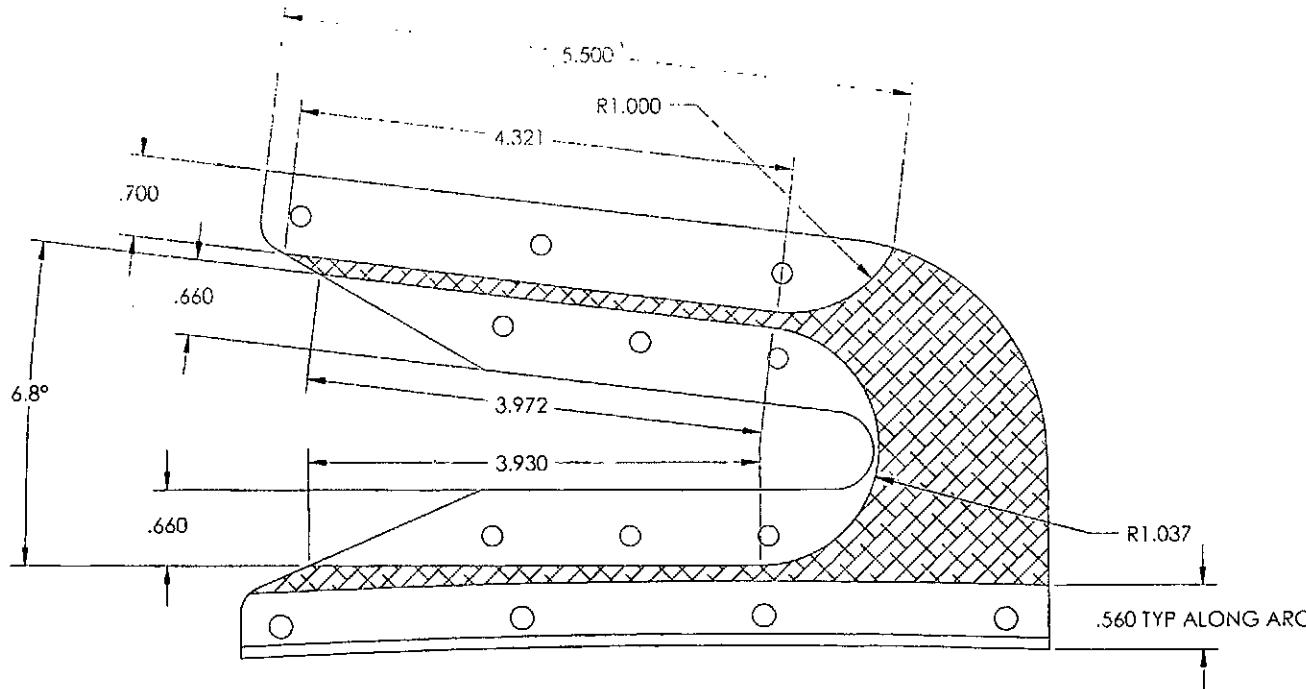
104943



APICAL INDUSTRIES	2605 TEMPLE HILLS DR.
	OCEANSIDE, CA. 92056-3512 (760)724-5200
CUTTER SUB ASSY	
DATE: 07/14/06	REV: B
ITEM: 646.9700	
SCALE: NONE	SHEET: 2 OF 4



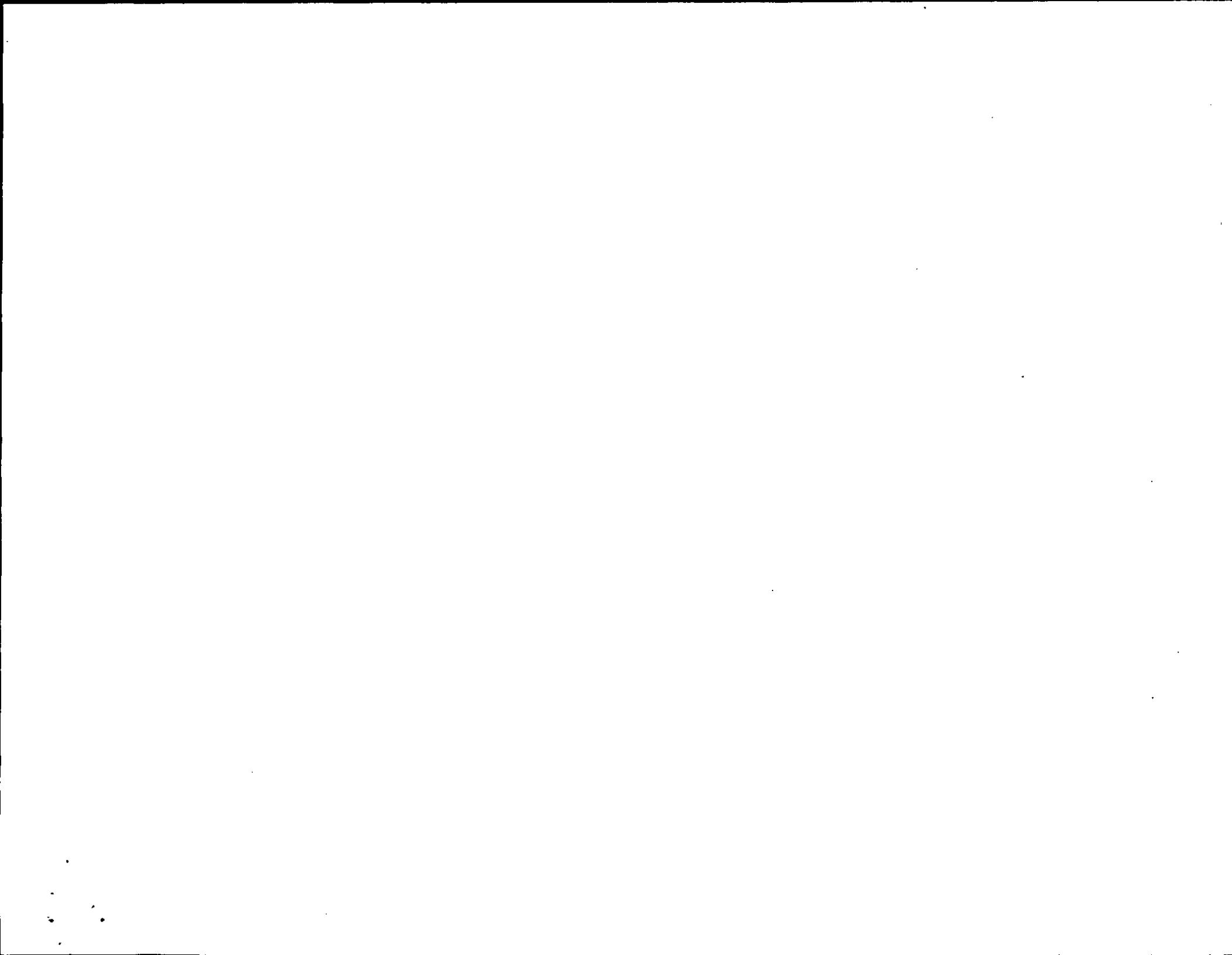
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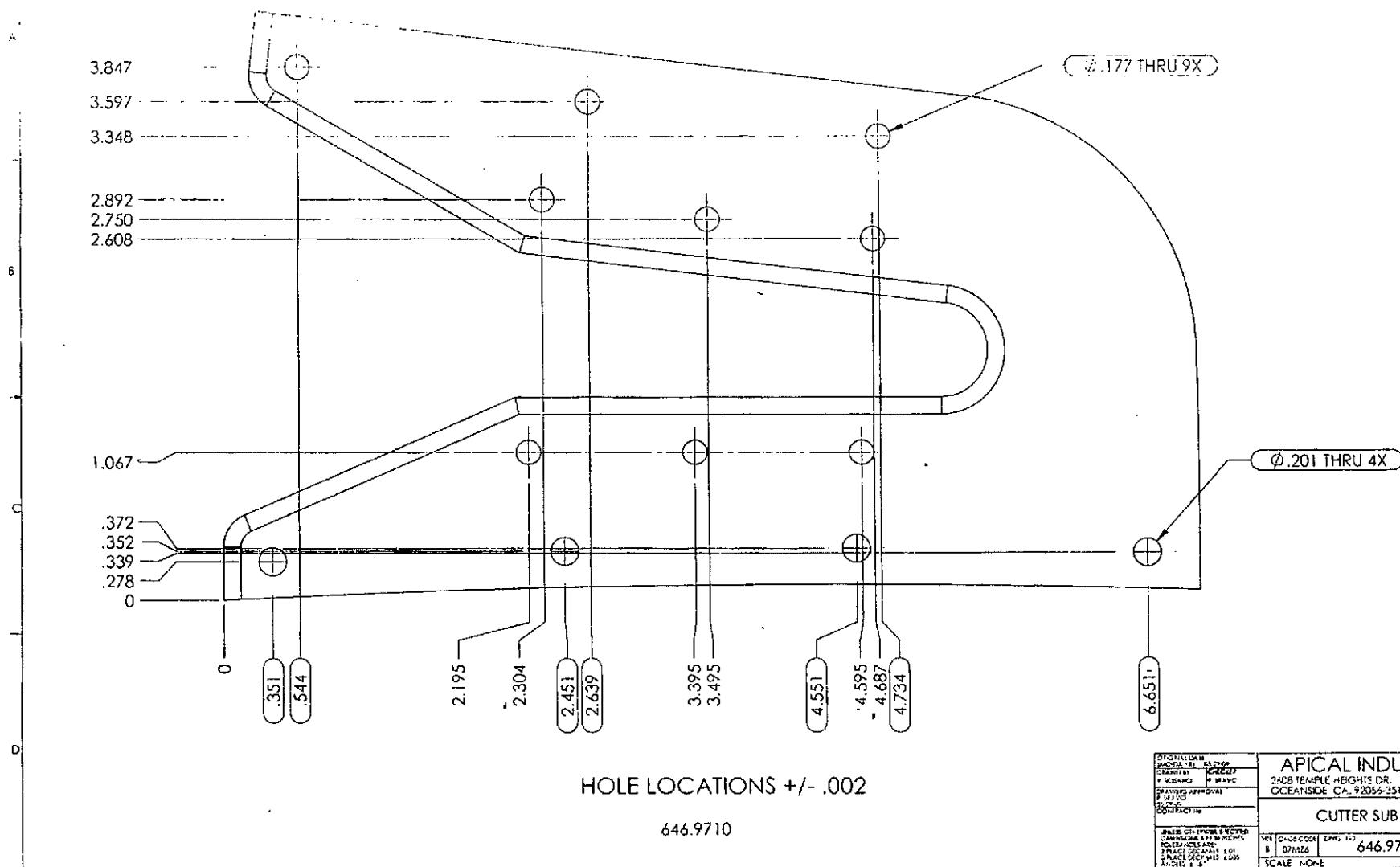
SECTION A-A C6

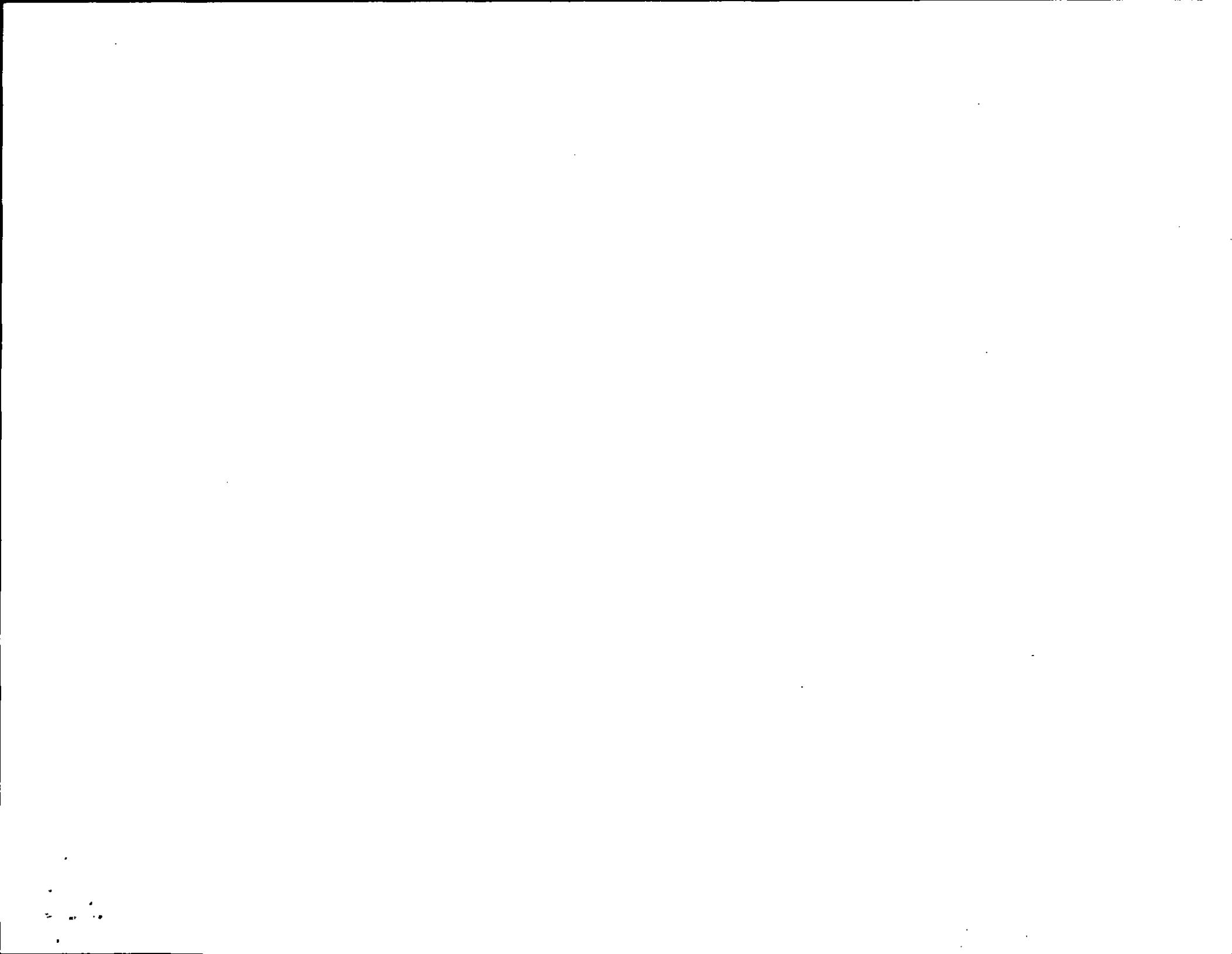
646.9710

ORIGINAL DATE 04/02/97	REVISIONS 0	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92054-3512 (714)724-5300
CUTTER SUB ASSY		
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS IN INCHES TOLERANCES PER ASME Y14.5M-1994 PROJECTION ALLOWANCE ANGLE ± 3°	DATE 07/26	ENG. NO. 646.9700
	SCALE NONE	REV. E

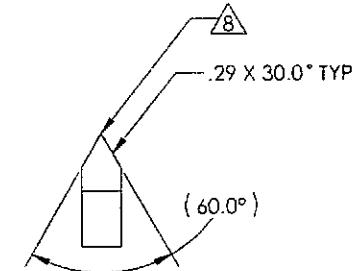
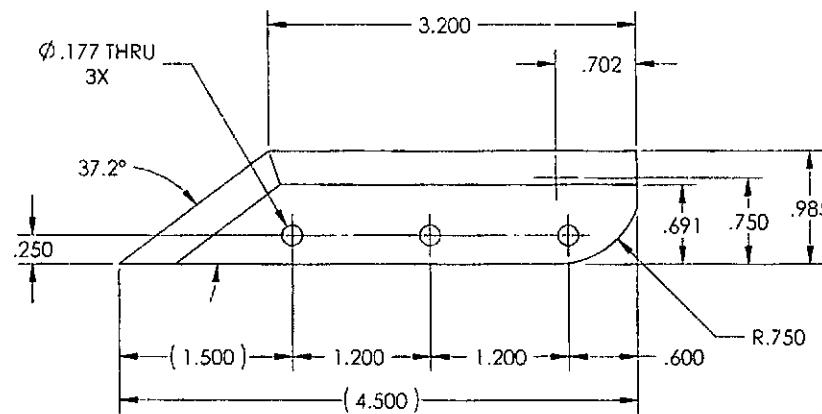
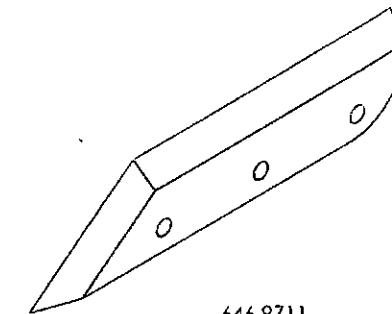
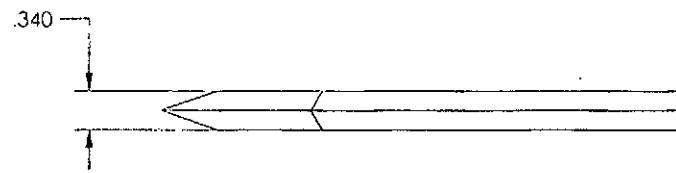


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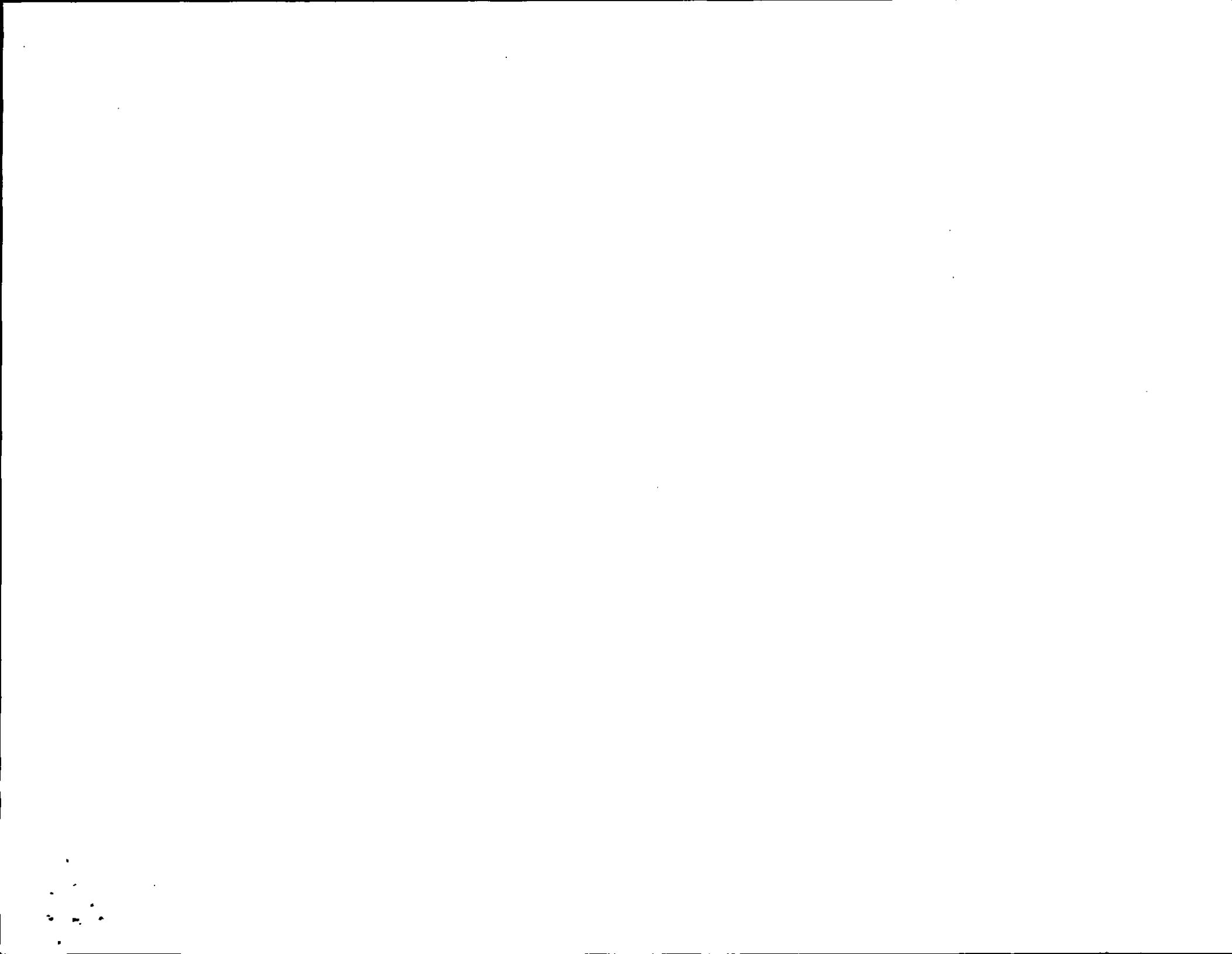


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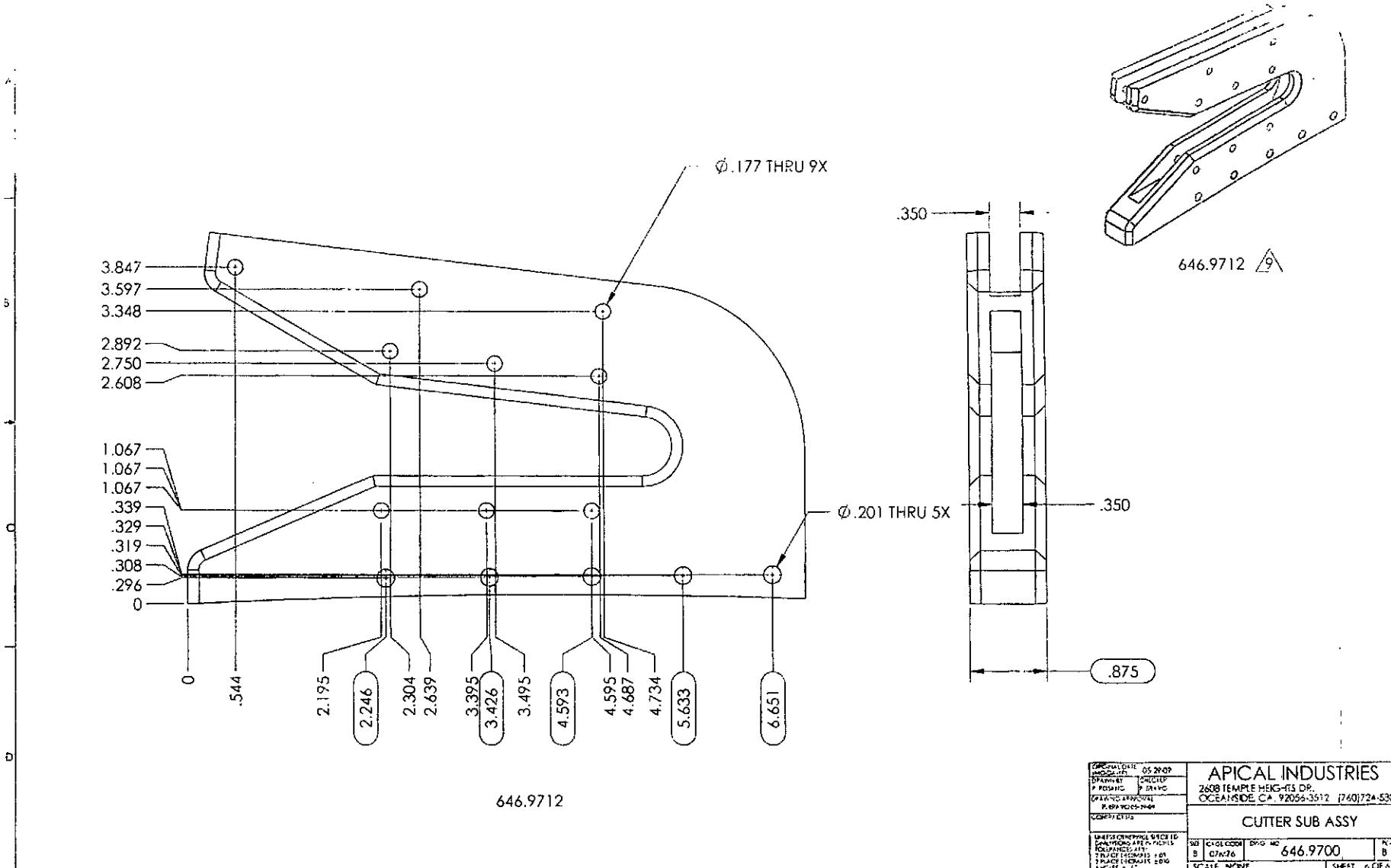


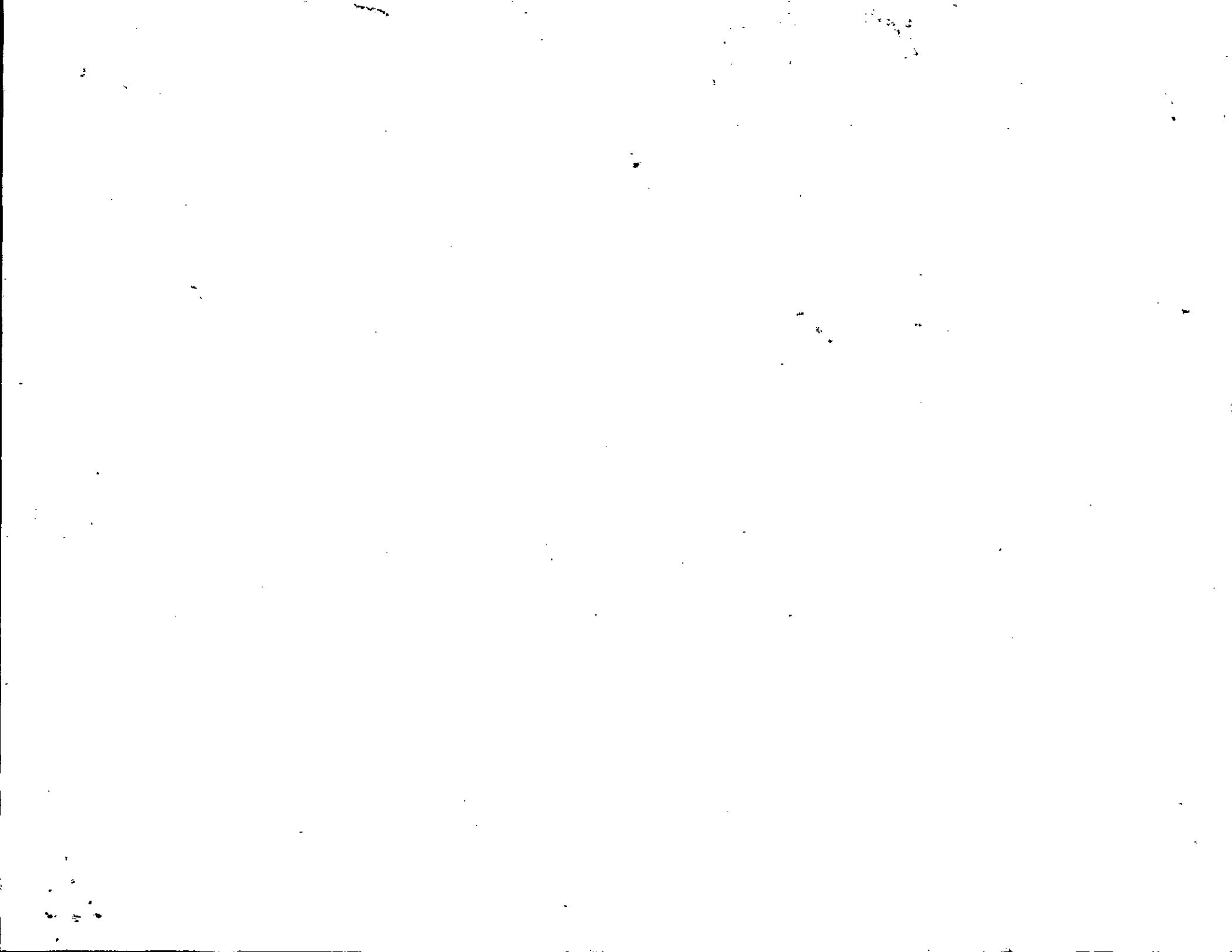
646.9711

DATE	REVISION
GRAPHIC	DRWTS
REVISION	BRADY
PULLING APPROVAL	
SHEET OF 1	
APICAL INDUSTRIES	
2616 TEMPLE HEIGHTS DR.	
OCEANSIDE, CA. 92056-3512 (714)724-5300	
CUTTER SUB ASSY	
10/10/00	646.9700
B	07MAY
SCALE: NONE	
SHEET 5 OF 6	



104943





Chantal Lavoie

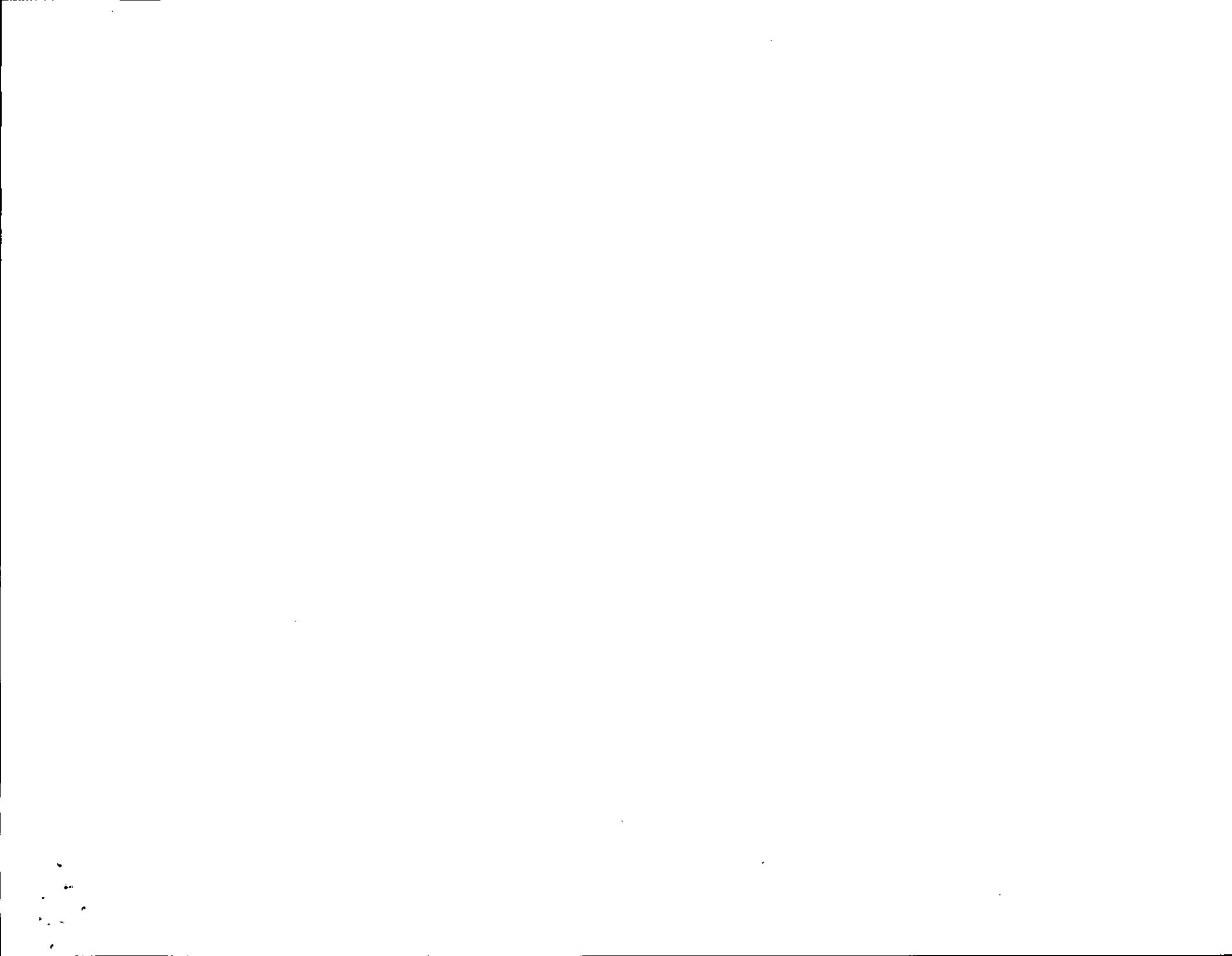
From: Nigel Forbes
Sent: Wednesday, August 14, 2013 8:05 AM
To: Chantal Lavoie
Subject: ATG

Hi,

As discussed, all parts going to ATG do not require cleaning prior to the delivery. ATG will clean and prepare the parts prior processing.

Thanks1

Nigel





A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62596

Date: 30-Aug-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	<p>Part: ASST Rev: 10 PCS 646.3012 4 PCS 646.3310 6 PCS 646.3312 20 PCS 646.3610 11 PCS 646.3812 12 PCS 647.5710 23 PCS 646.9710 <i>18+6</i> 5 PCS 647.9711 14 PCS 646.9712</p> <p>HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2</p> <p>PRIME MIL-P-23377J TYPE I CLASS N Job: 20130542 PO: 20929 Line:</p>
	<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>30/8/13</u></p> <p>CERTIFIED SIGNATURE: <u> </u></p> <p>RECEIVER SIGNATURE: <u> </u></p>

